

06-05-01

PTO/SB/05 (03-01)

Please type a plus sign (+) inside this box ☐Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	01-352
First Inventor	LUKAS HOWALD
Title	SCANNING TIP AND PROCESS FOR ITS..
Express Mail Label No.	EL398544373US

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 23] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets ] 5. Oath or Declaration unsigned [Total Pages 8] a. <input checked="" type="checkbox"/> Newly executed (original or copy) Copy from a prior application (37 CFR 1.63 (d)) b. <input type="checkbox"/> (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies <b>ACCOMPANYING APPLICATION PARTS</b> 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other:	
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: / Prior application information: Examiner Group Art Unit:			
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
<b>19. CORRESPONDENCE ADDRESS</b> <input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or <input checked="" type="checkbox"/> Correspondence address below			
Name	Robert H. Bachman		
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Name (Print/Type)	Robert H. Bachman	Registration No. (Attorney/Agent)	19,374
Signature		Date	6-4-01

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June 4, 2001

(Date of Deposit)

Antoinette Sullo

Name and Reg. No. of Attorney

Signature  
 6-4-01  
 Date of Signature

06/04/01

Jc62 U.S. PTO

PTO/SB/17 (11-00)

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**FEE TRANSMITTAL  
for FY 2001**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$)

355.00

**Complete if Known**

Application Number	
Filing Date	
First Named Inventor	LUKAS HOWALD
Examiner Name	
Group Art Unit	
Attorney Docket No.	01-352

**METHOD OF PAYMENT**

1. ☒ The Commissioner is hereby authorized to ~~charge~~ indicated fees and credit any overpayments to:

Deposit Account Number 02-0184  
 Deposit Account Name \_\_\_\_\_

☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

☒ Applicant claims small entity status. See 37 CFR 1.27

2. ☒ Payment Enclosed:  
☒ Check ☐ Credit card ☐ Money Order ☐ Other

**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
101	710	201 355 Utility filing fee	355
106	320	206 160 Design filing fee	
107	490	207 245 Plant filing fee	
108	710	208 355 Reissue filing fee	
114	150	214 75 Provisional filing fee	

SUBTOTAL (1) (\$)

355

**2. EXTRA CLAIM FEES**

Total Claims 14 Extra Claims -20\*\* =    X    =     
 Independent Claims 3 -3\*\* =    X    =     
 Multiple Dependent    =   

Large Entity Code (\$)	Small Entity Code (\$)	Fee Description	Fee Paid
103	18	203 9 Claims in excess of 20	
102	80	202 40 Independent claims in excess of 3	
104	270	204 135 Multiple dependent claim, if not paid	
109	80	209 40 ** Reissue independent claims over original patent	
110	18	210 9 ** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2)

(\$)

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\*\*or number previously paid, if greater; For Reissues, see above

**FEE CALCULATION (continued)****3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	130	123 130 Petitions related to provisional applications	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	

Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

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**SUBMITTED BY**

Name (Print/Type)	Robert H. Baer	Registration No. (Attorney/Agent)	19,374	Complete (if applicable)	Telephone	203-777-6628
Signature	<i>[Signature]</i>			Date	6-4-01	

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on June 4, 2001  
 (Date of Deposit)

Antoinette Sullo

Name and Reg. No. of Attorney

*[Signature]*  
 Signature

6-4-01  
 Date of Signature